

PUBLIC VOUCHER FOR PURCHASES
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 2152

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

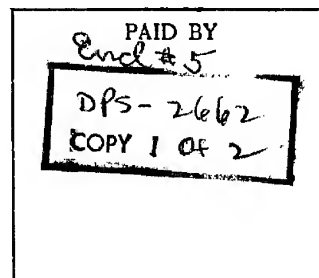
(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)



No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				38,507	88
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>				Total		38,507	88
Shipped from _____ to _____		Weight _____	Government B/L No. _____				
I certify that the above bill is correct and just and that payment has not been received. STATOTHR (Sign original only)				(Payee must NOT use this space) Differences _____			
Date <u>7/23/58</u> *Payee _____		Title _____		Amount verified; correct for _____ (Signature or initials) <u>EE</u>		38,507 88	
Contract No. <u>A-101</u>		Date _____	Req. No. _____	Date _____	Invoice Rec'd. _____		

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name must be written in the space provided for the signature of the payee. If the company is "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be, the signature of the payee must be written in the space provided for the signature of the payee. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

STATOTHR

Public Voucher for Purchases and
Services Other Than Personal

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020037-4

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 2152
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Other Costs					
		JV 038019				6,528.	92
		048019				1,817.	59
		058008				16.	30
		058061				11.	64
		058608				1,456.	72
		058613				3.	13
		058661				1,040.	52
		068008				1,006.	83
		068040				117.	00
		068060				81.	93
		068061				719.	18
		068619				(1,349.)	94
						11,449.	82

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE _____

5/31/58

[illegible]

Shut \neq Δ

5/58/58

Continued to Sheet # 15

FORM STL - 660

BATCH				INVOICE	PURCHASE	CHECK	PAYMENT		Vendor	GROSS	DISCOUNT	Tax Class	Cost Element	TR.	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	Mo.	Day	Number	AMOUNT					Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order	
05	06	03	8	25	14992		06	04	352					50	25	40	22	12501	5032	05	1	250
05	06	03	8	25	14952		06	04	352					50	25	40	22	12501	5032	05	1	1150
11	06	06	8	63951	45631		06	10	136					50	25	40	22	12501	5032	05	1	7200
																						8600 *
																						8600 **
Continued to Sheet #15																						

6

5

4

3

2

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Sheet 4

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE _____

6/15/58

FORM STL - 660

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6/22/58

Continued to Sheet #15

6/29/58 .

[illegible]

Continued to Sheet # 15

Sheet 4

ACCOUNTS PAYABLE

WEEKLY DET DISTR DATE

7/13/58

FORM STL - 660

[illegible]

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7/13/58

WEEKLY DET DISTR

[illegible]

7/13/58 .

Continued to Sheet #15

7/13/58

WEEKLY DET DISTR

FORM STL - 660				WEEKLY SET-DOWN										CHARGE DISTRIBUTION										NET AMOUNT
BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Fy	Class	Cost Element	TR. CODE	COST CENTER			Account	M.J.O.	S.D.	Work Order		
No.	Mo.	Day	Yr.				Mo.	Day								Maj.	Int.	Sub.						
99	07	07	8	16822	45507		07	10	181				1	58	25	27	20	12501	5044	02		1995-		
99	07	07	8	22819-A	45918		07	10	216				1	58	25	27	20	12501	5044	02		225-		
99	07	07	8	52177	45036		07	10	264				1	58	25	27	20	12501	5044	02		12375-		
																						14595-*		
99	07	07	8	16822	45507		07	10	181				1	58	25	28	00	12501	5044	02		1995		
99	07	07	8	22819-A	45918		07	10	216				1	58	25	28	00	12501	5044	02		225		
99	07	07	8	52177	45036		07	10	264				1	58	25	28	00	12501	5044	02		12375		
																						14595 *		
																						**		
																						Continued to Sheet #10		

7/13/58

[illegible]

Continued to Sheet #11

Sheet # 11

THE RAMO-WOOLDRIDGE CORPORATION

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE

7/13/58

FORM STL - 680

FORM STL - 680

WEEKLY DETAIL

BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order	
99	07	07	8	2767	45759		07	02	233				3	58	25	27	20	12501	5044	36		5450- 5450-*
10	07	09	8	C066929	45993		07	10	136			1	50	25	28	00	12501	5044	36		1785	
14	07	11	8	30	15250		07	14	352			1	50	25	28	00	12501	5044	36		347	
03				29	15233	8677	03	52	352			1	55	25	28	00	12501	5044	36		480	
03				29	15280	8677	03	52	352			1	55	25	28	00	12501	5044	36		722	
99	07	07	8	2767	45759		07	02	233			3	58	25	28	00	12501	5044	36		5450 8784 * 3334 ** 140834 ***	
Continued to Sheet # 15																						

Sheet #12

7/06/58

Continued to Sheet 415

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020037-4

Sheet #11

ACCOUNTS PAYABLE

WEEKLY DET DISTR DATE

7/06/58

FORM STL - 660

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Sheet # 15

THE RAMO-WOOLDRIDGE CORPORATION

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE

7/06/58

FORM STL - 680

BATCH				INVOICE	PURCHASE	CHECK	PAYMENT	Vendor	GROSS	DISCOUNT	Tax	Cost	TH	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.	NUMBER	ORDER	NUMBER	Mo.	Day	AMOUNT		Code	Element		Maj.	Int.	Sub.	Account	M.I.O.	S.D.	Work Order	
01	07	01	8	2767	45759		07	02	233		3	50	25	27	20		12501	5044	36		5450 5450 *
01	07	01	8	6L-9508	45762		07	02	1860		1	50	25	40	22		12501	5044	36		9992 9992 * 15442 ** 30037 ***
																					Sheet #1 97.00
																					#2 86.00
																					#3 56.39
																					#4 292.99
																					#5 427.00
																					#6 57.98
																					#7 14.70
																					#8 168.47
																					#11 1,408.34
																					#12 36.52
																					#13 5.22
																					Total 2,950.96